

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10118473 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	7		4			
TOTAL DEP.	16	←	12	←	12	←
TOTAL CLAIMS	23		16			

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IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	
TOTAL DEP.		↓	
TOTAL CLAIMS		↓	